

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SML		10/26/99
O.I.P.E. CLASSIFIER		16	11/1/99
FORMALITY REVIEW		70008 10/26/99	11-10-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
1	17 24 SEP 1999
2	02 03 1999
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓ ✓ ✓
10	✗ ✗ ✗
11	✓ ✓ ✓ ✓
12	✓ ✓ ✓ ✓
13	✓ ✓ ✓ ✓
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15	✗ ✗ ✗
16	✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here **BEST AVAILABLE COPY**

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